

<i>SERFF Tracking Number:</i>	<i>REGU-125324565</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026441</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-WC-07-3</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Rule Filing to adopt NCCI Item 02-AR-2007/NCC-AR-WC-07-3</i>		

Filing at a Glance

Company: Nova Casualty Company	SERFF Tr Num: REGU-125324565	State: Arkansas
Product Name: Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026441
TOI: 16.0 Workers Compensation	Co Tr Num: NCC-AR-WC-07-3	State Status:
Sub-TOI: 16.0004 Standard WC	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Filing Type: Rule	Author: Kevin Purcell	Disposition Date: 10/16/2007
	Date Submitted: 10/15/2007	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 10/16/2007
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

General Information

Project Name: Rule Filing to adopt NCCI Item 02-AR-2007	Status of Filing in Domicile: Not Filed
Project Number: NCC-AR-WC-07-3	Domicile Status Comments:
Reference Organization: National Council On Compensation Insurance (NCCI)	Reference Number: Item 02-AR-2007
Reference Title: Arkansas-02-AR-2007-R3evision to Basic Manual	Advisory Org. Circular: AR-2007-09
Classiifcation Code 2719-Logging or Tree Removal- Certified	
Mechanized Harvesting Exclusively	
Filing Status Changed: 10/16/2007	
State Status Changed: 10/16/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Nova Casualty Company (Nova), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the NCCI Item Filing 02-AR-2007 announced in NCCI Approval Circular AR-2007-09. All other rules and rating plans filed by Nova will remain unchanged.

Company and Contact

Filing Contact Information

SERFF Tracking Number: REGU-125324565 State: Arkansas
Filing Company: Nova Casualty Company State Tracking Number: AR-PC-07-026441
Company Tracking Number: NCC-AR-WC-07-3
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Rule Filing to adopt NCCI Item 02-AR-2007/NCC-AR-WC-07-3

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Kevin Purcell, kevinpurcell@ircllc.com
50 Broad Street (212) 571-3989 [Phone]
New York, NY 10004 ()-[FAX]

Filing Company Information

Nova Casualty Company CoCode: 42552 State of Domicile: New York
726 Exchange Street Group Code: -99 Company Type:
Suite 1020
Buffalo, NY 14210 Group Name: State ID Number:
(800) 462-7261 ext. [Phone] FEIN Number: 16-1140177

<i>SERFF Tracking Number:</i>	<i>REGU-125324565</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026441</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-WC-07-3</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Rule Filing to adopt NCCI Item 02-AR-2007/NCC-AR-WC-07-3</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 per company for filing by reference to NCCI rules and other supplementary rating information
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nova Casualty Company	\$25.00	10/15/2007	16124073

<i>SERFF Tracking Number:</i>	<i>REGU-125324565</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026441</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-WC-07-3</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Rule Filing to adopt NCCI Item 02-AR-2007/NCC-AR-WC-07-3</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/16/2007	10/16/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	Kevin Purcell	10/16/2007	10/16/2007

<i>SERFF Tracking Number:</i>	<i>REGU-125324565</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026441</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-WC-07-3</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Rule Filing to adopt NCCI Item 02-AR-2007/NCC-AR-WC-07-3</i>		

Disposition

Disposition Date: 10/16/2007

Effective Date (New): 10/16/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	REGU-125324565	State:	Arkansas
Filing Company:	Nova Casualty Company	State Tracking Number:	AR-PC-07-026441
Company Tracking Number:	NCC-AR-WC-07-3		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Rule Filing to adopt NCCI Item 02-AR-2007/NCC-AR-WC-07-3		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Filing Letter & Filing Authorization	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>REGU-125324565</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026441</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-WC-07-3</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Rule Filing to adopt NCCI Item 02-AR-2007/NCC-AR-WC-07-3</i>		

Note To Reviewer

Created By:

Kevin Purcell on 10/16/2007 09:28 AM

Subject:

Filing Fee

Comments:

The cover letter incorrectly states a \$50 EFT; the EFT was for \$25. Thank you.

<i>SERFF Tracking Number:</i>	<i>REGU-125324565</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026441</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-WC-07-3</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Rule Filing to adopt NCCI Item 02-AR-2007/NCC-AR-WC-07-3</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125324565 State: Arkansas
Filing Company: Nova Casualty Company State Tracking Number: AR-PC-07-026441
Company Tracking Number: NCC-AR-WC-07-3
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Rule Filing to adopt NCCI Item 02-AR-2007/NCC-AR-WC-07-3

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/16/2007

Comments:
Please see attached NAIC Transmittal an dRate /Rule Filing Schedule

Attachment:
NAIC Transmittal & Rate-Rule Filing Schedule.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 10/16/2007

Bypass Reason: NCCI Rule adoption - no change to loss costs.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 10/16/2007

Bypass Reason: NCCI Rule adoption - no change to loss costs.

Comments:

Satisfied -Name: Filing Letter & Filing Authorization **Review Status:** Approved 10/16/2007

Comments:

Attachments:
AR Letter.pdf
Nova Filing Authorization 2.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
a. Date the filing is received:																					
b. Analyst:																					
c. Disposition:																					
d. Date of disposition of the filing:																					
e. Effective date of filing:																					
New Business																					
Renewal Business																					
f. State Filing #:																					
g. SERFF Filing #:																					
h. Subject Codes																					


3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Nova Casualty Company	New York	42552	16-1140177	

5. Company Tracking Number	NCC-AR-WC-07-03
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kevin Purcell Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Vice President	(212) 571-3989	(212) 571-2502	kevinpurcell@irclic.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Kevin Purcell

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	Workers Compensation
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal:
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	National Council on Compensation Insurance (NCCI)
17. Reference Organization # & Title	Item 02-AR-2007
18. Company's Date of Filing	10/15/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	NCC-AR-WC-07-03
--	-----------------

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

Nova Casualty Company (Nova), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the NCCI Item Filing 02-AR-2007 announced in NCCI Approval Circular AR-2007-09. All other rules and rating plans filed by Nova will remain unchanged.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT - REGU-125324565

Amount: \$25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the compone

1.	This filing transmittal is part of Company Tracking #					NCC-AR-WC-07-03		
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)							
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)								
3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)							
4a.	Rate Change by Company (As Proposed)							
	Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
	Nova Casualty Company			0	0	0		
4b.	Rate Change by Company (As Accepted) For State Use Only							
	Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Overall Rate Information (Complete for Multiple Company Filings only)								
						COMPANY USE	STATE USE	
5a.	Overall percentage rate indication (when applicable)							
5b.	Overall percentage rate impact for this filing							
5c.	Effect of Rate Filing – Written premium change for this program							
5d.	Effect of Rate Filing – Number of policyholders affected							
6.	Overall percentage of last rate revision							
7.	Effective Date of last rate revision							
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)							
9.	Rule # or Page # Submitted for Review			Replacement or Withdrawn?		Previous state filing number, if required by state		
01				<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn				
02				<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn				
03				<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn				

IRC

filing on behalf of NOVA CASUALTY COMPANY

Submitted via SERFF

October 15, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Please be advised that Insurance Regulatory Consultants (IRC) has been appointed to submit this filing on behalf of **Nova Casualty Company**. A copy of this authorization is attached to this filing.

Re: Nova Casualty Company
NAIC Number: 42552
Workers Compensation Rule Filing
Adoption of NCCI Item 02-AR-2007
Company Filing Designation Number: NCC-AR-WC-07-3
Effective Date: Upon Approval
State of Arkansas

Dear Commissioner Bowman:

Nova Casualty Company (Nova), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the NCCI Item Filing 02-AR-2007 announced in NCCI Approval Circular AR-2007-09. All other rules and rating plans filed by Nova will remain unchanged.

We have entered a \$50 EFT in the SERFF system in the amount of **\$50.00** to cover the required filing fee for.

We ask that this filing become effective for all policies effective upon approval.

Thank you for your prompt review and consideration of this filing. Should you need any additional information or have any questions, please do not hesitate to contact me.

Sincerely,



Kevin Purcell
Insurance Regulatory Consultants, LLC
(212) 571-3989 (phone) (212) 571-2502 (fax)
kevinpurcell@ircllc.com (e-mail)
filing on behalf of Nova Casualty Company



Corporate Office (Buffalo Branch):
180 Oak Street
Buffalo, NY 14203-1691
Phone (716) 856-3722
Commercial Lines/Motorcycle
Fax (716) 855-1240
Claims
Fax (716) 856-0069
Premium Accounting
Fax (716) 856-4351
Bond Dept.
Fax (716) 852-5590
www.novacasualty.com

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Nova Casualty Company**. This authorization extends to all correspondence regarding this filing.

Craig Rappaport

Name

Senior Vice President

Title

Nova Casualty Company

Company


Signature

(716) 856-3722

Telephone Number

Regional Underwriting Offices

(All Claims to Corporate Office Above)

Florida

P.O. Box 52-0953 • Miami, FL 33152-0953
Phone (305) 594-3500 • Fax (305) 477-6109

Georgia

4231 Pleasant Hill Rd., Suite C • Duluth, GA 30096
Phone (678) 473-6207 • Fax (678) 473-6208